

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/019290**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2		2		
4		2		2		
5		1		1		
6		2		2		
7		2		2		
8		2		2		
9	1	2		2		
10	1		1			
11	1	2	1			
12		2		2		
13		2		2		
14		2		2		
15		2		2		
16		1		2		
17		2		1		
18		2		2		
19		2		2		
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TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	32	←		←
TOTAL CLAIMS			36			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS